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Woman's Work in Medicine

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DR. JAMES S. DENNIS, in that great work of his entitled, "Christian Missions and Social Progress," begins his article on Modern Medical Science as follows: "If we search for the crowning benefaction which Missions have brought to the Nations we will find none other than the gospel itself, which surpasses in value the establishment of modern medical and surgical practice among ignorant, deluded and suffering peoples.

"The truth of this statement derives emphasis from the fact that medical ministry is not only a physical benefit, but also an evangelistic agency of great power. Pain has a message to the soul as well as an admonition to the body, and the Medical Missionary seeks to impress its spiritual lesson, at the same time that he mitigates its physical pangs.

"The patient is in a receptive and expectant mood, and medical science, serving in love, and instructing in the name of the Master, arrests the attention and carries conviction, as if it were in truth what it has been called, 'The Modern Substitute for Miracle.'"

Since the days of the first woman physician, Dr. Clara A. Swain, who came to India in 1869, until the present, the work has been carried on successfully. The increase in physicians and patients has been marvelous, and God has shown, in a most signal way, his blessing. How many thousands of patients have been brought under the power of the gospel by this means I know not; that will be revealed in the last day, when all hearts are made known before Him. How many more will come to the Saviour if we physicians are faithful to our trust, cannot be com-

puted. Serving in love! Love to the Master, love to the poor, suffering sister, and love almost, yes, quite divine love for the perishing soul, should be our motto and our one aim. And if we are to have any success at all our hearts must be aflame with this divine passion of love for souls.

It is not an easy matter when the body is tired almost beyond endurance, and the heart is agonized almost to the point of breaking, to keep up a calm, brave exterior, especially when the patient and her friends thwart every bit of good that has been accomplished by their ignorance and superstition. It is not an easy matter when you have done your very best, and have used every effort to save the one who has been brought to you in a dying condition, but who has come too late, to hear the friends say, "Oh, it is that foreign medicine that has done it; we were told not to come, and this is the result!" And instead of thanks you get only looks of distrust and dislike. It is not very easy after having set a fractured leg, to have the patient insist upon going home after three days, against all your entreaties and warnings, and using that weak member constantly, to be told later on that your work was not a success. And, perhaps, one of the hardest things of all, is to be allowed only three days to cure a patient who has been ill that many months or years. If signs of growing better are not forthcoming in that short time, you are politely told that your services are not needed. And when you beg for a little more time, it will not be given unless you positively promise that you will cure the patient.

Yes, there are many sad, many heart-breaking

things, many nights of sleeplessness and weeping over the apparent failures in this medical work for women; but, oh! thank God there is a bright side, and it is not more true of any branch of mission work than of the medical, that "they who sow in tears shall reap in joy."

There are times when God steps in with his mighty power and performs a miracle of healing before your very eyes, when you hear words of praise and thanksgiving for what you have seemingly accomplished, but really for what God has done; and it is then that you can say to these ignorant ones, "It is not I, but Christ. He has worked through me. Not my power, but his," and point them to the great Healer.

Many warm friends have been raised up for the physician and for other workers in the field by this means.

Much has been done in the past both for men and women, by Medical Missionaries, and we might stop with profit and dwell upon what has been accomplished; but there is so much to do in the future, especially by women for women, that we will not linger. Our word is, *Forward*. We, as a mission, have not lived up to all of which we are capable, and I long to see the day when the number of our women physicians will be greatly increased, when there shall be, at the very least, two physicians and two trained nurses in every Taluq. They would then be able to tour in the villages, bring many more patients into the hospitals, and increase the work three, yea, even fourfold. They would consult together over difficult cases, relieve each other when the work is heavy, and pray together.

Ooe of my great burdens when in actlve work, was the fact that seldom was there anyone with whom to coosult. Otten when called to a case in town, or when a patieot was brought to me in a dying condition, and I felt the need of advice, aod called upoo one ot the hospital assistants, I was told, "Oh I I refused to take that case; the woman is dying, and you are foolish for taking it. If she dies—and she surely will—you will get all the blame, and there Is no use; send her back home."

We need more hospitals and dispensaries. Our sister mission in the Deccan, the Wesleyan, is starting hospitals for women in all their large stations, and the result they declare to be little short of marvelous. It opens the way for the preaching of the gospel, and dissipates, to a great extent, the prejudice that the shut-in women have against our Christian religion.

We may do a great deal with our schools to train women io hygiene, but a physician who goes right into the home, and sees with her own eyes the unhygieoic surroundings, can speak with no uncertain sound. She can give an object lesson right there. She can say, "That pile ot refuse breeds sickness; that closed, dirty drain has, perhaps, brought on this disease from which your child is suffering, and you must have this refuse removed or burned, and the draio cleansed and disinfected."

When I first came to this country and saw how people brought on sickness by their uncleanly surroundings, my dream was to go to them and traio them io ways of cleanliness; but, alas! wheo ooe gets into the fray of medical work there seems to be oo time to talk of

prevention; it takes all the time to work over the already diseased bodies.

Now, my dream for the future is, to have an army of medical women come to this country, to go out two by two to preach and to heal and to teach, to show the women how to keep their homes and surroundings clean; telling them that cholera and kindred diseases are brought about, not by the intervention of an angry god, but by their own uncleanliness; giving little talks to them on their duties as mothers, and teaching them how not to create diseases by the awful treatment that kills or maims the little ones for life; teaching them to use the simple remedies that are often so successful, and then, if no other can be gotten, to trust them into the hand of an all-merciful Saviour, rather than torture them, as they so often do.

My dream also includes the establishment of training schools for nurses—Indian women—so well trained that they will be able to help their unfortunate sisters, and so well trained in the gospel that they may carry healing to the sin-sick soul as well as to the diseased bodies. To that end we need more consecrated Christian nurses from home, to teach and show by living example what a Christian nurse ought to be and do. We are here but a short time, and if we do all the work we possibly can it is but short lived; but if we train a host of Indian women to work with us and for us our work is greatly multiplied. We cannot possibly do it all, but may so multiply ourselves, by training others, that it all will be accomplished.

Some people say that this cannot be done: that Indian women are not careful enough, not

sufficiently reliable. I can tell a different story, because I know. Of course there are unreliable and careless women—you will find them everywhere—but thank God I have had experience, and have been thankful many times, because there have been women whom I could trust to leave with a sick patient when it was necessary for me to be away; and they have been true to their trust. Oh, how much could be done if there were only consecrated women, who would give their lives to this work, and sufficient means to erect the necessary buildings.

I know your hearts are all interested in this great work, and that many are praying for its furtherance. Sometimes our courage fails when we look at our depleted ranks, when we see physician after physician fall by the wayside, and so few ready to take their places; and when we see the need that never grows smaller, but looms up like a great avalanche over our heads, ready to break and pour its floods upon us, and we have felt almost as if God had forgotten us. But His promise, "I will never leave or forsake thee," is as true to-day as it ever was. And I believe he will hear and answer our prayers in this as in every other matter. Have we been faithful enough? Have we striven in prayer, and have we been anxious enough? God grant that in the coming years we will use our voice, our pen and our influence to further the cause of Woman's Work in Medicine.

Paper read before our Telugu Baptist Conference in Nellore in January, 1907.

Woman's Baptist Foreign
Missionary Society
FORD BUILDING, BOSTON, MASS.

PRICE, 2 CENTS

121. Ed. 2. 1m-June, 1908.